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PTO/SB/50 (02-01)
Approved for use through 01/31/2004. OMB 0651-0033
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REISSUE PATENT APPLICATION TRANSMITTAL

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Attorney Docket No.	740819-617
First Named Inventor	Kenji ORITA
Original Patent Number	6,117,700
Original Patent Issue Date (Month/Day/Year)	September 12, 2000
Express Mail Label No.	

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

- ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in double column copy of patent format (*amended, if appropriate*)
- ☒ Drawing(s) (*proposed amendments, if appropriate*)
- ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- ☐ Power of Attorney
- Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53)
☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
- ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
- Nucleotide and/or Amino Acid Sequence Submission
(If applicable, all of the following are necessary)
 - ☐ Computer Readable Form (CFR)
 - Specification Sequence Listing on:
 - ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ☐ paper
 - ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- ☐ Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).
- ☐ Original U.S. Patent for surrender
☐ Ribboned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
- ☐ Foreign Priority Claim (35 U.S.C. 119) (*If applicable*)
- ☒ Information Disclosure ☒ Copies of Statement (IDS)/PTO-1449 Citations
- ☐ English Translation of Reissue Oath/Declaration (*If applicable*)
- ☒ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503) (*Should be specifically itemized*)
- Other: Offer to Surrender Patent

18. CORRESPONDENCE ADDRESS

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Eric J. Robinson

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38,285

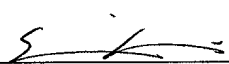
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Date

11-13-01

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 740819-617		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 15	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 15	**** 0 =	X \$ _____ =	or	X \$ _____ =		
(C) 2		(D) 2	* 0 =	X \$ _____ =		X \$ _____ =		
Basic Fee (37 CFR 1.16(h)) \$ _____							\$ 740	
Total Filing Fee \$ _____						OR	\$ 740	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity Rate	Small Entity Fee	Other than a Small Entity Rate	Other than a Small Entity Fee
Total Claims (37 CFR 1.16(j))	*** 43	MINUS	** 20	* = 23	X \$ _____ =		X \$ 18 _____ =	414
Independent Claims (37 CFR 1.16(i))	*** 6	MINUS	***** 3	= 3	X \$ _____ =		X \$ 84 _____ =	252
Total Additional Fee \$ _____							OR	\$ 666
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>19-2380</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,406.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>1/13/01</u></p> <p>Date</p> </div> <div style="width: 45%; text-align: center;"> <p></p> <p>Signature of Applicant, Attorney or Agent of Record</p> <p><u>Eric J. Robinson</u></p> <p>Typed or printed name</p> </div> </div>								

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